

10/535137  
**Rec'd PCT/PTO 25 JAN 2006**

PTO/SB/81 (04-05)  
 Approved for use through 11/30/2005. OMB 0651-0035

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 CORRESPONDENCE ADDRESS  
 INDICATION FORM**

Application Number	10/535137
Filing Date	May 17, 2005
First Named Inventor	ANDERSSON et al.
Title	DEVICE AND ROTOR MEANS THEREFOR
Art Unit	
Examiner Name	
Attorney Docket Number	15090NP

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000293

OR

☒ Practitioner(s) named below:

Name	Registration Number
Ralph A. Dowell	26868
Wendy M. Slade	53604

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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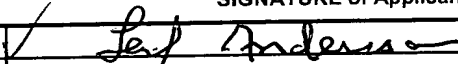
<input type="checkbox"/> Firm or Individual Name	Ralph A. Dowell of DOWELL & DOWELL, P.C.				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	1050707
Name	Leif ANDERSSON	Telephone	+4612013464
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Mats Malmqvist</i>	Date	05 07 07
Name	Mats MALMQVIST	Telephone	4618255355
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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